IN THE ABSTRACT

A quarterly newsletter from the Kentucky Cancer Registry

FORDS/AJCC
6th Edition Training

KCR will provide training in the implementation of the new FORDS and AJCC 6th Edition Cancer Staging Manuals this spring. Three one-day workshops have been planned to accommodate registrars in the eastern, central, and western regions of the state. The first will be held in Lexington at Central Baptist Hospital on Friday, April 25th. Registrars in eastern Kentucky have been contacted, and this session is filled to capacity.

For registrars in central Kentucky, the second session will be held in Louisville at Caritas Medical Center on Friday, May 30th. Western Kentucky registrars can attend the session scheduled for Friday, June 6th in the Trover Clinic Tower Conference Room, Mahr Cancer Center, Regional Medical Center of Madisonville.

Please contact Barbara Bray at KCR (859-219-0773 ext 281) at your earliest convenience, to make reservations for the second or third session. There will be no fee for this training. Driving directions and a copy of the agenda will be mailed to registrars, once reservations have been made. Plan to bring both a copy of the 6th Edition AJCC Staging Manual and a highlighter to training. Each class will run from 8:30 A.M. until 4:30 P.M., and a total of 6.5 CEU's is being requested from NCRA.

AJCC Videoconference Videotape Available

Copies of the two-hour videoconference presented by the AJCC in November will soon be available on loan from KCR. Both the American College of Surgeons and NCRA have approved viewing of the program for two continuing education hours. The tape covers the newest TNM concepts on breast, head and neck, renal, GI, and melanoma cancer cases. Please contact your regional coordinator if you would like to borrow a copy from the central registry.

Visit SEER's Training Web Site

Check out the latest training module highlighting Prostate Cancer on the training web site provided by SEER. Steven Roffers, PA, CTR recently announced the worldwide premiere of this latest module to NAACCR members. SEER's web-based educational tool features thirteen Cancer Registration and Surveillance modules, two Informational Modules, and two Site Specific modules (breast and prostate). The new prostate module includes such topics as anatomy, risk factors, signs and symptoms, abstracting, coding, staging, treatment, and exercises. A visit to the site by abstractors both new and "seasoned" may prove to be beneficial – and enjoyable! Go to www.training.seer.cancer.gov for a new approach to cancer registry education.

PEOPLE NEWS

Welcome to New Hires:

Carol Bassitt	Ireland Army Hospital, Ft. Knox
Jennifer Halsey, CTR	UK Medical Center, Lexington
Shona Harper	Lake Cumberland Regional Hospital, Somerset
Gail Henderson, CTR	Baptist Hospital East, Louisville
Lisa Morgan	St. Elizabeth Medical Center, Edgewood
Ginny Von Behren	KCR Regional Abstractor, Lexington

Resignations:

Jennifer Halsey, CTR	KCR Regional Abstractor

ACoS Cancer Program Approvals

Our Lady of Bellefonte Hospital in Ashland has been awarded full three-year approval of its cancer program by the American College of Surgeons. Congratulations to registrar Barb Fitzpatrick.

NCRA Annual Conference

The 29th annual NCRA workshop is being held May 13-16, 2003 in Pittsburgh, PA. Focusing on "Networks of Steel: Building a World Free of Cancer", the conference will be held at the David L. Lawrence Convention Center. KCR staff will attend a pre-conference SEER workshop on May 12th and 13th. Two hotel options are being offered attendees this year, The Westin Convention Center Pittsburgh (Headquarters Hotel) and Renaissance Pittsburgh Hotel (Overflow Hotel). New online conference registration is available via www.ncra-usa.org for those paying by credit card. Make your conference, flight, and hotel reservations early to insure the best rates.

GOLDEN BUG AWARD

Winner of the spring 2003-edition coveted "golden bug" is Mary Wilson, CTR at University of Louisville Hospital registry. Make that a double award for the same Mary Wilson! She found both a date display bug in stats data list output, as well as a surgery code label display bug in therapy form. The KCR programmers appreciate your feedback on bugs discovered in CPDMS updates.

Will HIPAA Affect the Acquisition of Follow-up Information?

Hospital registrars across the country have been fretting over this possibility. Thankfully, the simple answer is "No". Once the August 14, 2002 final regulations were made public, the Commission on Cancer reported that follow-up requests for cancer case information is acceptable. A "Sample Letter Template" is available online from the ACoS website www.facs.org/dept/cancer/cannews.html for use in developing a letter your hospital may choose to send its medical staff regarding follow-up. This template is found under the HIPAA

heading on the CoC News and Events Page, as "Follow-up Information Request".

The Commission on Cancer considers the collection of follow-up information to be a part of "health care operations", as this is a quality improvement activity for approved cancer programs. Because the final HIPAA regulations allow private practice physicians to disclose protected health information (PHI) to a hospital for purposes of treatment, payment, and health care operations, providing follow-up information IS allowed. The sample letter clearly explains the regulations and follow-up. Visit the website to learn more about this concern. Preparing a hospital-personalized letter may help you avoid a potential follow-up problem!

Calendar of Events

April 7-11, 2003 – National Cancer Registrars Week

April 25, 2003 – FORDS/AJCC Training, Lexington

May 13-16, 2003 – NCRA Annual Conference, Pittsburgh, PA

May 30, 2003 – FORDS/AJCC Training, Louisville

June 6, 2003 – FORDS/AJCC Training, Madisonville

June 10-12, 2003 – NAACCR Annual Meeting, Honolulu, HI

September 11-12, 2003 – KCR Fall Workshop, Louisville

Help from the "Journal of Registry Management"…

The spring 2003 volume of the JRM offers several articles that may be especially useful to "practicing registrars". One continuing education (CE) credit may be earned by reading an original article entitled "Verbal Autopsy to Evaluate Completeness of Cancer Registration in Chennai, India". After reading the article, take the ten-question quiz near the back of the journal. Then, mail the answer sheet and a processing fee to NCRA. One credit is earned for a score of 70 percent or higher.

A second article may provide relief to a registry's monthly follow-up and casefinding chores. Entitled "New Approaches to Old Ways: Follow-up and Casefinding Through Medical Record Indices", this article describes how adding one field to a hospital's disease index report may save the registrar much time in the long-run. Invest a few minutes to read this article if you're seeking new ideas in these areas.

"When Did That Rule Change??", written by April Fritz, includes an updated table showing the dates various coding manuals and editions were officially implemented. April makes several excellent suggestions on how to use this table effectively. Cut out and post it in your registry, make a copy of it for your procedure manual, and be sure to write the effective dates in the front of each manual in your registry.

2003 Worksheets and Software

Attention all registrars who are ready to enter 2003 cases! The updating of CPDMS software, worksheets, and Abstractor's Manual pages is in process at publication-time. Regional Coordinators will begin installing updates in May. Your patience is appreciated!

HOW "TIMELY" IS YOUR REGISTRY?

The KCR Reporting Target is 6 Months from date of initial diagnosis or admission at the reporting facility. On April 1, 2003, the target percent of 2002 cases that should have been submitted by each hospital to the KCR was **75.0%**. Currently, KCR has only **54%** of the expected number of cases for Kentucky in 2002. Perform the QA Timeliness Report routinely to keep an eye on where your registry stands….

SEER CODING QUESTIONS

Please take a few minutes to review these newly finalized coding questions from the SEER Inquiry System (SINQ). As part of our continuing education program, selected questions and answers are distributed in our quarterly newsletter.

Question 1: Per pathology report, diagnosis is small cell undifferentiated carcinoma in biopsies taken from the laryngeal surface of the epiglottis and left false vocal cord. Should histology be coded to 8041/34 (small cell carcinoma undifferentiated) or to 8045/34 (combination small cell AND undifferentiated carcinoma using terms from the 2 columns in Appendix 1 of Coding Complex Morphologic Diagnoses)?

Answer: *Code histology as 8041/34, small cell carcinoma, undifferentiated. The diagnosis indicates that this is an undifferentiated small cell carcinoma, rather than a mixture of small cell carcinoma with undifferentiated carcinoma. (SINQ ID #20031025; ICD-O-3 pgs 67, 70)*

Question 2: ICD-O-3 contains the new code 8384/3 – Adenocarcinoma, endocervical type. Is this a specific type that must be stated, or does it apply to any adenocarcinoma arising in the endocervix?

Answer: *Histology code 8384 is for adenocarcinoma of endocervical type. This specific type (endocervical) must be part of the diagnosis in order to assign code 8384. This histology code is not to be used for Adenocarcinoma, NOS of the endocervix or cervix. Adenocarcinoma of endocervical type can be diagnosed in other tissues, and if so it will be stated as endocervical type. Adenocarcinoma of the endocervix would be coded to plain Adenocarcinoma. (SINQ ID #20031002; ICD-O-3 pg 77)*

Question 3: For a lung primary with positive "neck" nodes, would it be coded to 7 because we don't have a specific named node, or would we code it to 6, because it represents the lowest possible code for neck nodes?

Answer: *Code EOD-Lymph Nodes as 7, Distant Lymph Nodes, Other than above (incl. cervical neck nodes). Lymph nodes in the neck are "distant", rather than regional, for lung. (SINQ ID #20031010; SEER EOD-98, 3rd ed, pg 91)*

Question 4: SINQ 20021105 states that we are not to code histologic grade from a metastatic site. Are we to assume that we would also not code grade from a local recurrence?

Answer: *That is correct. Code grade from original primary site. Do not code grade from a local recurrence. (SINQ ID #20031023; SEER Program Code Manual, 3rd ed, pg 101)*

Question 5: To code "squamous cell carcinoma, small cell variant" as 8073, does it matter if the diagnosis does not include the word "non-keratinizing"? Do the terms "keratinizing" or "non-keratinizing" have to be present in the final diagnosis to use codes 8071 through 8073?

Answer: *It is acceptable to assign code 8073/3 for Squamous cell carcinoma, small cell, NOS. Code Squamous cell carcinoma, large cell, NOS to 8072/3. Code to non-keratinizing unless the pathology report specifies keratinizing. (SINQ ID #20031005; ICD-O-3)*
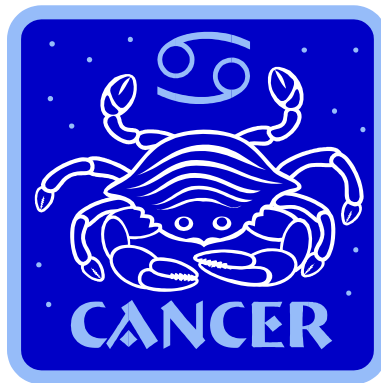
AWARENESS DATES

APRIL - Cancer Control Month

MAY - Melanoma/Skin Cancer

JUNE - Prostate Cancer